



Sheriff Michael L. Chapman

# LOUDOUN COUNTY SHERIFF'S OFFICE

880 Harrison Street SE, Leesburg, Virginia 20175  
Telephone 703-777-0407

LOCAL RECORD CHECK\_\_\_\_\_

## APPLICATION FOR SOLICITOR'S LICENSE

*THIS FORM MUST BE FULLY COMPLETED. ANY OMISSIONS WILL RESULT IN NO FURTHER ACTION BEING TAKEN BY THE LOUDOUN COUNTY SHERIFF'S OFFICE. IF A PARTICULAR SECTION DOES NOT APPLY, YOU MUST INDICATE SO. **DO NOT LEAVE ANY LINE BLANK.***

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

LIST ANY OTHER NAMES THAT YOU HAVE USED (Include maiden and marital)\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

SCARS/TATOOS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TYPE OF GOODS TO BE SOLD \_\_\_\_\_

PRESENT LOCATION OF GOODS \_\_\_\_\_

MANUFACTURER'S LOCATION \_\_\_\_\_

(SEE OPPOSITE SIDE OF PAGE)

VEHICLES TO BE USED (List make, model, year, color, license plate number, and state of registration –  
Example: 2003 Chevrolet Impala, red in color, SAL123, Virginia) \_\_\_\_\_

CURRENT EMPLOYER (If different from business) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Circle one) YES NO  
( If yes, list each occurrence, date, and location)

## **READ CAREFULLY!**

I understand that any deliberately false, misleading, inaccurate, incomplete, or untruthful information shall constitute grounds for automatic denial of such application or revocation of such permit under such application.

I further understand that it is my responsibility to contact the Commissioner of Revenue at (703) 777-0260 and determine whether or not I am required to obtain a business license. Furthermore, if my business involves the handling of food products, I must obtain a permit from the Loudoun County Health Department at (703) 777-0537.

NOTE: A copy of this application will be provided to the agencies listed above as applicable.

**I HEREBY CERTIFY THAT ALL OF THE INFORMATION  
CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO  
UNDERSTAND THAT THIS SOLICITOR'S LICENSE IS VALID  
IN LOUDOUN COUNTY, VIRGINIA ONLY.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_